

# ICF DD-HABILITATIVE PROGRAM PLAN CHECKLIST

<b>FACILITY NAME:</b> <b>FACILITY ADDRESS:</b>		<b>Telephone:</b> (    )		
<b>CONTACT:</b>		<b>Fax:</b> (    )		
<b>Proposed/Actual Capacity:</b> M ____ F ____		<b>E-mail:</b>		
<b>Licensed capacity of facility:</b>		<b>Age range:</b>		<b>Ambulatory status:</b>

  

PAGE NUMBER	REQUIREMENTS	FOR DDS USE ONLY		
		MET	NOT MET	COMMENTS
	DS 1852 - HFPS Application Form.			
	Pages numbered, sections labeled consistent with the Table of Contents.			
<b>PROGRAM PLAN REQUIREMENTS:</b> Section 76857 The facility program plan shall include:				
	<b>Section 76857(a)(1) The number of eligible clients.</b>			
	<b>Section 76857(a)(2) A profile of the client population using the CDER.</b> <i>[PROVIDE A NARRATIVE REGARDING THE CLIENT POPULATION TO BE SERVED OR THE POPULATION BEING SERVED.]</i>			
<b>CLIENT ASSESSMENT PROCESS:</b> <b>Section 76857(a)(3) A summary of client's identified needs.</b> <b>Section 76857(a)(11) Provisions for accomplishing the following:</b> <b>(A) An initial assessment of each client to identify the current level of needs and functioning.</b> <b>(B) An individual service plan developed by the interdisciplinary professional staff team (IPST) under the direction of the QMRP.</b>				
	Section 76859(a)(1): Review and update the preadmission evaluation within 30 days following client's admission.			
	Section 76859(a)(2): Assess the client's developmental status which includes prioritized problems, disabilities, developmental strengths and weaknesses, and the client's needs and discharge plan, all of which provide the basis for formulating an individual service plan for the client.			
	Section 76859(a)(3): Write an evaluation stating the recommendations for development of the ISP.			
	Section 76859(b): Share the assessment with the direct care staff and interpret the assessment to the client and when lawful, the client's parents or authorized representative.			
	W259 The Comprehensive Functional Assessment of each client must be reviewed by the IDT for relevancy and updated as needed. <i>[IDENTIFY METHODS TO REVIEW AND UPDATE ASSESSMENT INFORMATION AND WHO WILL BE RESPONSIBLE.]</i>			
<b>Section 76859(c): Review client progress every six (6) months.</b> The review shall include:				
	Section 76859(c)(1) Consideration of the client's need for continued ICF DD-H services or alternative placement.			

	Section 76859(c)(2) Consideration of the client's need for guardianship or conservatorship if the client will attain majority or become emancipated prior to the next annual review.			
	Section 76859(c)(3) Provision for the protection of the client's civil and legal rights (W & I Code 4502-4505 and Title 17, Sections 50500-50550).			
	Section 76859(c)(4) Assessment of the client's recreational interests.			
W226-228 Within 30 days after admission, the IDT must prepare for each client an IPP (ISP) that states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment and planned sequence for dealing with those objectives. These objectives must:				
	W229 Be stated separately in terms of single behavioral outcome.			
	W230 Be assigned projected completion dates.			
	W231 Be expressed in behavioral terms that provide measurable indices of performance.			
	W232 Be organized to reflect a development of progression appropriate to the individual.			
	W233 Be assigned priorities.			
<b>PROGRAM ELEMENTS:</b>				
<b>Section 76862(a) The facility shall have the capability to provide program services based on client's specific needs as identified through the individual client assessment and include as appropriate:</b>				
	<b>Section 76862(a)(1) Sensory-motor development.</b>			
	<b>Section 76862(a)(2) Self-help skills training.</b>			
	<b>Section 76862(a)(3) Behavior management program.</b> [DISCUSS BEHAVIOR MANAGEMENT IN THE NEXT SECTION.]			
	<b>Section 76862(a)(4) Habilitation program.</b>			
Section 76862(b) The facility shall provide active treatment seven days a week, each client receiving no less than 56 hours per week. Treatment program hours shall include:				
	Section 76862(b)(1) Active treatment provided by agencies either outside or inside the facility shall be specified in the ISP.			
	Section 76862(b)(2) No more than two consecutive hours not devoted to active treatment as specified in the ISP. If additional unstructured time is required see Section 76861(b)(2).			
	Section 76862(b)(3) Weekend programming which emphasizes recreational and social experiences.			
	W126 Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. 483.420(a)(4) GUIDELINES: Since money is a right, determine if the facility demonstrated, based on objective data, that the individual was unable to be taught how to use money before the decision was made to restrict the right.			
W196 Each client must receive continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed toward:				
	(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible and			
	(ii) the prevention or deceleration of regression or loss of current optimal functional status.			
<b>BEHAVIOR MANAGEMENT PLAN - PROGRAM COMPONENTS:</b> Section 76869 and W197, W274-W309				

<b>Section 76869(c)(2) Identification and assessment of maladaptive behaviors which require management is conducted by the IDT which addresses the following areas:</b>				
	<b>Section 76869(c)(2)(A) Social and emotional status.</b>			
	<b>Section 76869(c)(2)(B) Communication skills.</b>			
	<b>Section 76869(c)(2)(C) Physical and mental status.</b>			
	<b>Section 76869(c)(2)(D) Cognitive and adaptive skills.</b>			
	<b>Section 76869(c)(2)(E) Identification of specific maladaptive behaviors.</b>			
	<b>Section 76869(c)(2)(F) The data baseline which addresses the specific behavior.</b>			
	<b>Section 76869(c)(2)(G) An analysis of the maladaptive behaviors identified in terms of their antecedents and consequences.</b>			
	<b>Section 76869(c)(3) Behavior management plans are in writing and available to all staff, the client if appropriate, the client's representative, if legal.</b>			
<b>Section 76869(c)(3) The behavior management plan includes:</b>				
	<b>Section 76869(c)(3)(A) Long-range goals.</b>			
	<b>Section 76869(c)(3)(B) Time-limited, measurable, observable objectives, consistent with long-range goals.</b>			
	<b>Section 76869(c)(3)(C) Objectives to identify the interventionist, and place and type of intervention and reinforcement to be used.</b>			
<b>Section 76869(c)(4) The written behavior management program requires a written document that, PRIOR to the intervention, clearly justifies:</b>				
	<b>Section 76869(c)(4)(A) The procedure to be used is the least restrictive and most effective for the maladaptive behavior.</b>			
	<b>Section 76869(c)(4)(B) The intervention area is designed to avoid stigma, and to support and reinforce adaptive behavior and is specified.</b>			
	<b>Section 76869(c)(4)(C) A specific choice from different behavior interventions has been made based on relative effectiveness.</b>			
	<b>Section 76869(c)(4)(D) The undesirable long, short-term effects which may be associated with the procedures have been identified.</b>			
	<b>Section 76869(c)(4)(E) The conditions under which procedure is contraindicated is identified.</b>			
	<b>Section 76869(c)(4)(F) Social, behavioral and status benefits that can be expected have been specified.</b>			
	<b>Section 76869(c)(4)(G) The rights of the DD person were and are protected per W&amp;I code Section 4503.</b>			
	<b>Section 76869(c)(4)(H) All legal and regulatory requirements have been met.</b>			
	<b>Section 76869(c)(4)(I) There is a plan to decrease the restrictiveness of the program.</b>			
	<b>Section 76869(c)(4)(J) A recommended treatment hierarchy which identifies the maladaptive behavior warranting the most immediate attention has been developed.</b>			
<b>Section 76869(c)(5) A written monthly report of progress which includes:</b>				
	<b>Section 76869(c)(5)(A) Progress on each objective.</b>			

	<b>Section 76869(c)(5)(B) Determination as to whether the program should continue as designed or be amended.</b>			
<b>Section 76869(c)(5)(C) In those instances when it can be demonstrated that behavioral programs utilizing only positive reinforcement do not result in the desired adaptive behavior, mild restrictive interventions may be employed. Such interventions shall be limited to: [IF ANY OF THE FOLLOWING BEHAVIORAL PROGRAMS WILL NOT BE USED, STATE THIS IN YOUR PROGRAM PLAN.]</b>				
	<b>Contingent observation</b>			
	<b>Extinction</b>			
	<b>Withdrawal of social contact</b>			
	<b>Fines</b>			
	<b>Exclusion time-out, with client in constant visual observation</b>			
Explain the type of restrictive/aversive techniques to be utilized after approval from ID team and Human Rights Committee (HRC). Explain whether written informed consent has been obtained: (REFERENCE: W128; Section 76868)				
	Containment			
	Physical restraint			
	Medication			
Section 76917 Human Rights Committee: The facility shall have a Human Rights Committee (HRC) which shall be responsible for assuring that client rights as specified in the Welfare and Institutions Code Section 4502-4505 and Sections 50500-50550, Title 17 California Administrative Code are safeguarded.				
	Section 76917 (b) Minutes of every committee meeting shall be maintained in the facility and shall indicate the names of the members present, date, subject matter discussed and action taken.			
Section 76917 (c) Committee organization shall be as follows:				
	Section 76917 (c)(1) Composition of the committee shall consist of at least the administrator, QMRP, RN, Regional Center Client's Rights Advocate and with the consent of the client or when otherwise permitted by law, a client representative or developmentally disabled person, parent or community representative and may include a member from the local Area Board on Development Disabilities.			
	Section 76917 (c)(2) The committee shall meet at least quarterly.			
Section 76917 (c)(3) The function of the HRC shall include:				
	Section 76917 (c)(3)(A) Development of policies and procedures to assure and safeguard the clients rights listed in the W & I Code and Title 17.			
	Section 76917 (c)(3)(B) Monitor staff performance to ensure that policies and procedures are implemented.			
	Section 76917 (c)(3)(C) Document and participate in developing and implementing relevant in-service training programs.			
	Section 76917 (c)(3)(D) Review treatment modalities used by the facility where client human rights and dignity is affected.			
	Section 76917 (c)(3)(E) Review and approve at least annually, all behavior management programs. For programs utilizing restrictive procedures, the minutes of the HRC shall reflect all previous treatment modalities used by the facility and shall document that the current program represents the least restrictive alternative.			
	W124 Inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment and of the			

	right to refuse treatment.			
<b>INITIAL ORIENTATION TRAINING:</b>				
Section 76873(b) The facility shall require that all new staff, prior to providing direct care services, receive eight (8) hours of orientation which shall be documented and be completed during the first 40 hours of employment.				
	Tour of the facility			
	Description of client population			
	Special needs of DD clients			
	Overall program concepts, including normalization			
	Developmental growth & assessment			
	Implementation of the ISP			
	Clients activities of daily living			
	Use of adaptive equipment or devices			
	Unusual occurrences, including emergency procedures for relief of choking			
<b>IN SERVICE TRAINING PLAN:</b>				
Section 76873(c) The facility shall require that all staff, in addition to eight (8) hours of orientation training receive at least three (3) hours per month, 36 hours annually, of planned in-service training which shall be documented and shall include but not limited to the following topics:				
	Program techniques			
	Developing program objectives			
	Evaluation, assessment techniques			
	Documentation of client progress			
	Developmental special needs of clients			
	Interpersonal relationships and communication skills between staff/clients			
	Confidentiality of client information			
	Detection of signs of illness warranting medical/nursing intervention			
	Basic nursing & health related skills			
	Behavior management			
	Emergency intervention procedures for behavior control			
	Prevention & control of infection			
	Fire & accident prevention & safety			
	Clients rights, per W&I code			
	Role of parent, guardian, conservator in overall service plan			
	First aid and CPR			
	Epilepsy			
	Locating and using program reference materials			
	Use and proper application of supportive devices			
<b>PROGRAM PLAN ATTACHMENTS:</b>				
ATTACHMENT #1	Section 76857(a)(5) A one-week program schedule for clients in the facility.			
ATTACHMENT #2	Section 76861(b)(3) Weekend programming which emphasizes recreational and social experiences.			
ATTACHMENT #3	Section 76857(6)(A) The facility's organizational chart.			
ATTACHMENT #4	Section 76857(6)(B) The IPST utilized indicating their disciplines worked each week. [SEE CONSULTANTS AND			

	<i>PROFESSIONAL STAFF, SECTION III, PAGES 3-5]</i> <i>[OPTION: PROVIDE MONTHLY HOURS.]</i>			
ATTACHMENT #5	<b>Section 76857(a)(6) Facility staffing pattern (for one week).</b> <i>[SEE STAFF SCHEDULES, SECTION III, PAGES 3-3]</i>			
ATTACHMENT #6	<b>Section 76857(a)(7) A description of space provided for program elements</b> <i>[A FACILITY FLOOR PLAN].</i>			
ATTACHMENT #7	<b>Section 76857 (8) Description of the equipment available for program use.</b>			
ATTACHMENT #8	<b>Section 76857 (10) A plan for utilization of community resources.</b>			
ATTACHMENT #9	W127, W153 through W157 Task Two Protocol: Develop system to prevent, report and investigate reported/suspected abuse. <i>[SEE ADDITIONAL INFORMATION IN PROGRAM PLAN DEVELOPMENT PACKET, SECTION V]</i>			
ATTACHMENT #10	Develop a facility wide Quality Assurance Plan.			
ATTACHMENT #11	Attach the following complete updated information for each professional staff: 1. Copy of contract. 2. Professional license, registration, certification or diploma. 3. Resume. <i>[INCLUDE TRANSLATIONS OF DIPLOMAS IF NECESSARY ]</i>			
ATTACHMENT #12	Section 76909: The facility will maintain written transfer agreements with one or more general acute hospitals to make services of those facilities accessible to clients as needed and to facilitate the expeditious transfer of clients and essential client information.			
ATTACHMENT #13	<b>Medication Training Plan</b> <i>[TO DEVELOP THE MEDICATION TRAINING PLAN, SEE THE MEDICATION TRAINING CHECKLIST ATTACHMENT, SECTION III, PAGES 3-6. THE MEDICATION TRAINING PLAN MUST BE SUBMITTED AS PART OF YOUR PROGRAM PLAN.]</i>			
ATTACHMENT #14	<b>New Provider Orientation</b> Include a copy of the certificate demonstrating proof of attendance for the 8-hour New Provider Orientation Training. <i>[SEE SECTION II, PAGES 2-4]</i>			